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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.61)

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	ABC 01-002
First Named Inventor	BONG, William L.
COMPLETE IF KNOWN	
Application Number	
Filing Date	01-09-01
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that.

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

CONSUMABLE GUIDE TUBE

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and I understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/175,574	01-11-00	<input type="checkbox"/>
60/188,782	03-13-00	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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<p>Name <u>Michael A. Kerr</u></p> <p>Address <u>Virtual Legal</u></p> <p>Address <u>P.O. Box 2345</u></p> <table border="1"> <tr> <td>City <u>Stateline</u></td> <td>State <u>NV</u></td> <td>ZIP <u>89449</u></td> </tr> <tr> <td>Country <u>USA</u></td> <td>Telephone <u>775-588-9498</u></td> <td>Fax <u>775-588-9788</u></td> </tr> </table>						City <u>Stateline</u>	State <u>NV</u>	ZIP <u>89449</u>	Country <u>USA</u>	Telephone <u>775-588-9498</u>	Fax <u>775-588-9788</u>
City <u>Stateline</u>	State <u>NV</u>	ZIP <u>89449</u>									
Country <u>USA</u>	Telephone <u>775-588-9498</u>	Fax <u>775-588-9788</u>									
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon</p>											
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) <u>William L.</u>		Family Name or Surname <u>BONG</u>		Date <u>1-8-01</u>							
Inventor's Signature <u>William L. Bong</u>											
Residence: City <u>Walnut Creek</u>	State <u>CA</u>	Country <u>USA</u>	Citizenship <u>USA</u>								
Mailing Address <u>1667 Marine World Parkway</u>											
Mailing Address											
City <u>Vallejo</u>	State <u>CA</u>	ZIP <u>94589</u>	Country <u>USA</u>								
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		Family Name or Surname									
Inventor's Signature		Date									
Residence: City	State	Country	Citizenship								
Mailing Address											
Mailing Address											
City	State	ZIP	Country								
<input type="checkbox"/> Additional inventors are being named on the <u>supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto</u>											

[Page 2 of 2]

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AUTHORIZATION OF AGENT

Application Number	
Filing Date	01-09-01
First Named Inventor	BONG, William
Group Art Unit	
Examiner Name	
Attorney Docket Number	ARC 01.002

I hereby appoint

 Practitioners at Customer NumberPlace Customer
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Label here

OR

 Practitioner(s) named below:

Name	Registration Number
Michael A. Kerr	42,722

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Charles Eack Aromatic Integrated Systems, Inc.

Signature

Date

1-8-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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